and the second s	Ple-16-686
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A Agent Addressee B. Received by (Printed Name) C. Date of Delivery AAAAA AAAAAAAAAAAAAAAAAAAAAAAAAAAA
Thomas Burns Consultant for Griggs County Telephone Co. 2675 Long Lake Rd. St. Paul, MN 55113 Cert. No. 7015 06640 0006 6993 5982 Case No. PU-16-686	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: NOV 1 4 2016
9590 9402 1977 USPS	15-06640-0006-6993-5982 incted
2. Article Number (<i>Transfer from service label</i>) Cert. No. 7015 06640 0006 6993 5982	☐ Collect on Delivery Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500) ☐ Collect on Delivery ☐ Signature Confirmation ☐ Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2015 PSN 7530-02-000-9053	Pu - 16 686 Domestic Return Receipt

USPS TRACKING#

5 PU-16-686 Filed: 11/17/2016 Pages: 2 Return receipt - 7015-06640-0006-6993-5982 First-Class Mail Postage & Fees Paid USPS Permit No. G-10

USPS

s, and ZIP+4® in this box®

